

Town of Halfmoon WINTER Camp Registration

REGISTRATION BEGINS JANUARY 11th

Name (Last, First) List in Age Order	Current Grade	D.O.B.	Sex (M or F)	**Medical Information <i>current medications, limitations, allergies, diagnosis or special situations</i>

****Any child bringing medication to camp must have a completed Town of Halfmoon medical release formed signed by the parent/ guardian and doctor**

REQUIRED INFORMATION

Mailing Address _____ **City** _____ **Zip** _____

Email Address _____

Legal Guardian # 1:

Name: _____

Relationship to Child: _____

Ph #1: _____

Ph #2: _____

Legal Guardian #2

Name: _____

Relationship to Child: _____

Ph #1: _____

Ph #2: _____

Emergency Contact

(REQUIRED-must be different than Legal Guardians)

Name: _____

Relationship to Child: _____

Ph #1: _____

Ph #2: _____

Additional Authorized Pick Ups

Optional (not otherwise listed above)

Name: _____

Name: _____

Name: _____

Please turn over

Please READ and INITIAL next to each sentence

1. _____ I have received a brochure and have read and acknowledge the policies of Halfmoon Recreation. I will explain the rules carefully to my child(ren) and will prepare them for a safe and enjoyable time with Halfmoon Recreation and understand that if any inappropriate behavior is displayed, my child(ren) will be dismissed from the program and no fees will be refunded.
2. _____ The included medical information and immunization records are all up to date, true and exact. I acknowledge the Town of Halfmoon reserves the right to require that an aid be present to assist in the care of any child participating in the program as deemed appropriate by the Town.
3. _____ I acknowledge that I will need to provide transportation to and from camp, I will provide a photo ID and I will sign them out each day. I understand that any additional authorized pick-ups must be submitted in writing before allowed to pick up and I will make sure they provide a photo ID when picking up my child.
4. _____ I give my child (ren) permission to attend all scheduled trips and activities. I understand that Halfmoon Recreation is required to transport my child (ren) to and from all trips. I acknowledge that I will not be able to drop off/pick up my child(ren) from any trips. I further acknowledge that it is my responsibility to know what each trips requires and understand that if my child does not come to camp prepared, they will not be allowed to participate at camp that day.

RECREATION STATEMENT

All sections must be completed in order to participate in the Town of Halfmoon Program

*** * Authorized Participation * ***

I, _____ parent / guardian of _____ certify that my child / children can participate in the 2016 Winter Recreation Program with the Town of Halfmoon. I further agree that if he / she becomes injured, the Town of Halfmoon and the Town of Halfmoon Recreation Department, through its servants, officers, employees, or agents, may obtain emergency medical treatment / and transportation as deemed necessary by them to provide individual safety and well being. I further understand that the Town of Halfmoon will first attempt to contact me at the numbers listed on the registration form to obtain consent for treatment if the conditions and time permits.

*** * Waiver Statement * ***

The undersigned states that he/she understands that the Town of Halfmoon is not and shall not be responsible for or liable for any illness, injury to person or damage to property resulting from the program, activities occurring during the program and/or transportation during the program, and the undersigned hereby releases and holds harmless the said Town of Halfmoon from all claims of any kind that the undersigned or his/her heirs, executors, administrators, or assigns may have either individually or as a parent and natural guardian for any claim that has resulted from the child's participation in the said program. Also, the undersigned waives any and all claims that he/she alleges or his/her heirs, executors, administrators, or assigned may have or claim to have resulting from a photograph (black/white or color) or video taken of said person while participating in the program.

**** Indemnification Waiver * ***

I, _____, hereby agree to indemnify and hold the Town of Halfmoon, its employees, servants, officers and agents free and harmless from and against any and all losses, liabilities, causes of action, all other types of claims of every kind and character arising out of, relating to, and occurring either directly out of the use of any or all of the Halfmoon facilities, parks, municipal buildings, streets, highway or other lands by the undersigned either as individuals / parents of minor children or as member of a group or as result of any acts and or omissions including negligence by the Town of Halfmoon, its officers, servants, employees, and agents. I further agree to investigate, handle, respond to, provide defense for and defend any such cause of action, loss or other claims at my sole expense and agree to bear all other costs and expenses related there to.

*** I Have Read & Understand the Registration, Authorized Participation And Waiver Statement and Indemnification Waiver.** I understand that if any clause, sentence, paragraph, section or part of the Recreation Statement is judged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part there of directly involved in the controversy in which such judgment shall have rendered.

This _____ Day Of _____, 2016 (Registration Invalid Without Signature)

Signature

Printed Name